

ATTACHMENT
D
PART 1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
1/23/06 0700 Hrs	<p>⑤. Pt in PM with WED. (HEMORRHOIDS).</p> <p>⑥. Pt. 115/70 HR: 74 RA: 14 T: 97.4 PAIN: 1/10</p> <p>- Heart - moist - mucosa, & transverse.</p> <p>FUNDUSCOPY - ALL</p> <p>PM: HEMORRHOIDS.</p>	
1/23/06	<p>①. Motion was made to twice a day x 10 days (PM).</p> <p>②. Pt. Education given re: HEMORRHOIDS.</p> <p>Examination, Diet, WED - WED and PM, HE UNDERSTOOD.</p> <p>③. Follow up AS NEEDED.</p>	<p>Luis Berrios, M.D. Clinical Director FCI Bennettsville</p> <p><i>[Signature]</i></p>
1/26/06 1200 Hrs	<p>ADN Entry:</p> <p>Pt. DIDN'T SHOW UP FOR APT. EVALUATION.</p>	<p><i>[Signature]</i></p> <p>Luis Berrios, M.D. Clinical Director FCI Bennettsville</p>

NSN 7540-00-434-4178

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

1/10/06 P. R. & in sick car c/o NASA congestion
 0730 hr @: BP 115/80 HR: 77 RR: 14 T: 97.4 PAIN: 0/10
 - HEENT - NOISE - MILD, P. TENDITIS. NASAL
 - HEENT - NO NOISES
 - UNKLT - CLEARS TO AUSCULTATION
 DX: SINUSITIS
 AC 1/10/06 1. AMOXICILIN 500 MG PO 3 TIMES A DAY X 7 DAYS.
 2. SALINE SOL. NASAL SPRAY 4 PUFFS TWICE A DAY
 3. PT. EDUCATION GIVEN ABOUT SINUSITIS, X 1 WEEK.
 EXERCISE, DIET, NEW LIFE AND PLAN, HE
 UNDERSTOOD.
 4. F/U AS NEEDED.



Luis Berrios, M.D.
 Clinical Director
 FCI Bennettsville

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

KELLY, LESLIE R.

28864-039

FCI BENNETTSVILLE

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

USP LVN



DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING PHYSICIAN

SIGNATURE (Sign each entry)

12-9/05

CLINIC(S): () CARDIAC () DIABETIC () ENDO/LIPID () GASTRO () GENERAL () HYPERTENSION

0906

() INFECT DISEASE () MNTL HLTH () NEUROLOGY () OB GYN () ORTHO/RHEUM () PULMONARY

SUBJECTIVE:

PAIN SCALE

10
8
6
4
2
0
0 No Pain
1-2 Mild
3-4 Discomfort
5-6 Moderate
7-8 Severe
9-10 Worst Pain

right foot

pt has no history of trauma. He takes
Puderal for migraines. No
migraine episodes lately.

OBJECTIVE: (Review of Systems):

Weight: 178 Temp: 97 Pulse: 71 Resp: 16 BP: 134/76

Mental Health/Neuro Alert & oriented x3. No issues noted.

HEENT: Unremarkable. Pt has a normal fundus.

Neck: No masses, supple thyroid gland.

Heart: R/R w/o P or gallops.

Lungs: Clear.

Abdomen: Soft, no masses.

Extremities: no edema.

Recent labs.

N/A noted.

HOSPITAL OR MEDICAL FACILITY
FCI/FPC BENNETTSVILLE

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give Name-last first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

FCI BENNETTSVILLE

REGISTER
NO.

WARD NO.

Reilly Leslie

26864-039

DATE

Case 1:03-cv-00388-SM-GFB-SID-BREATHMENT-6 Filed 02/16/2006 Page 5 of 40

12.9.05

Cont.

0900

ASSESSMENT(S): Migraine

Hyperlipidemia

PLAN:

E: EDUCATION

☒ Etiology, Complications, Prognosis, Prevention ☒ Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes☒ No Smoking ☒ Medication Dosage/Administration/Compliance/Side Effects ☒ Patient Understood Topics

Diagnostic tests:

1. Lipid

xR

2. Basic Panel

EKG

3. Referral to IDC for Vaccination: ☒

4. Return to Clinic for Routine Follow Up on 6m

☒ Delete H7N1 ☒ Delete H7N1 and Men11 ☒ 6. Propranolol 20mg PO TID daily x-6m11 ☒ 7. Lovastatin 20mg TPO daily x-6m11 ☒ 8. Aspirin EC 81mg TPO daily x-6m☒ 9

REVIEWED

Dr. J. Berrios, MD

JMB

DEC 09 2005

FCI BEN

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
DATE/TIME	INTAKE SCREENING QUESTIONNAIRE/INITIAL ORDERS
12-1-05 1555	INTAKE MEDICAL SCREENING FOR FCI/FPC (circle one) PPP 27/05
	INMATE ARRIVED PER: J&C TRANSFER WRIT PV SELF-SURRENDER OK
	PPD GIVEN: Yes No/Date to be read: Reason not given
	CHEST X-RAY: Results Positive/Negative Date:
	Does not have any of the following symptoms
	Does have the following symptoms
	Unexplained weight loss Fever
	Cough lasting > 3 weeks Night Sweats
	Hemoptysis (coughing up blood)
	ALLERGIES: Yes No List:
	EVIDENCE OF CONTAGIOUS DISEASE (Lice, TB, Hepatitis, HIV/AIDS)
	ARE YOU CURRENTLY IN PAIN: Yes No If yes, use pain scale 0--1--2--3--4--5--6--7--8--9--10 No Pain Mod Severe Pain
	WHERE IS THE PAIN LOCATED? W/A HOW LONG?
	HISTORY OF PSYCHIATRIC ILLNESS: Yes No
	IMMEDIATE REFERRAL TO PSYCHOLOGY/PSYCHIATRY: Yes No
	SUICIDE HISTORY OR IDEATION: Yes No Explain
	HISTORY OF SEXUAL ASSAULT: Yes No Explain
	INTAKE SCREENING REVIEWED AND NOTED: Yes No Reason
	TETANUS: Yes No Physical exam to be done: Yes No
	SIGN/STAMP NAME: SD. Reese, RN

HOSPITAL OR MEDICAL FACILITY FCI/FPC BENNETTSVILLE	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

INMATE
INMATE **Kelly, Leslie R.** **26864-039** CHRONOLOGICAL RECORD OF MEDICAL CARE
DOB: 12-17-62
FCI Bennettsville
Medical Record
STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMA (41 CFR) 201-9.202-1
USP LVN

FCI Bennettsville

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12-1-05 1555	INMATE EDUCATED ON SICK CALL (DENTAL/MEDICAL) PILL LINE PROCEDURES. PATIENT VOICE UNDERSTANDING AND AGREES. Yes No
	CARE LEVEL (Circle One)
	CARE LEVEL 1: Essentially Healthy Inmate, no serious medical conditions
	CARE LEVEL 2: Non-complex acute and chronic ambulatory conditions
	CARE LEVEL 3: Complex ambulatory conditions
	CARE LEVEL 4: Requires sub-acute/long-term inpatient care, medically complex.
	ADD TO CHRONIC CARE CLINICS: Yes No (Circle One)
	CARDIAC DIABETIC GASTRO ENDO/LIPID GENERAL
	HTN INFECT. DIS NEUROLOGY ORTHO/RHEM PULMONARY
	ESSENTIAL MEDICATIONS (Chronic Care Medications Only)
	Meds:
	(1) EC-ASA 81mg po q d x 1 mo
	(2) TBU 600mg po BID x 1 wk
	(3) Atorvastatin 20mg po q pm x 1 mo
	(4) Propranolol HCL 20mg BID With food x 1 mo
	Luis Berrios, M.D. Clinical Director FCI Bennettsville
	sign/stamp name Deese RW
	Inmate Name Kelly, Leslie
	Inmate Number 26864-039

11/23/05 1738

Med 17 days

CONFIDENTIAL
G. Martel
Paramedic/EMT
FCI/FDC Tallahassee

11/29/05 1938

OK FOR TRANSFER

CONFIDENTIAL
G. Martel
Paramedic/EMT
FCI/FDC Tallahassee

4-3001
157

OK For Transfer
USP Atlanta

2. Oglethorpe
✓

U.S. DEPARTMENT OF JUSTICE **BUS** FEDERAL BUREAU OF PRISONS

1. PPD Completed: <u>1-21-05</u> Results: <u>NO</u>	Name: <u>Hellu, David</u>	Reg. #: <u>26864-639</u>
2. GMR Completed: <u>1/10</u> Results: <u>NO</u>	Departed from: <u>FCI JESUP, GA</u>	Destination: <u>Per</u> Date: <u>11-23-2005</u>
3. Symptom free per SF-500 x 30 days. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Current: <u>1. HYPERTENSION</u>	4. _____
	Medical: <u>2. HYPERLIPIDEMIA</u>	5. _____
	Problems: <u>3. MIGRAINES</u>	6. _____

Medication	Dose	Route	Other instructions	AM	Noon	PM	Evening	Stop Date
LOVASTATIN	20mg	PO	Take one tablet at bedtime				✓	11-30-05
ECASA	81mg	PO	Take one tablet at morning	✓				11-30-05
ROPPROVOL	10mg	PO	Take two tablets three times a day	✓			✓	11-30-05
Aspirin	600mg	PO	Take one tablet Three times a day	✓	✓			11-30-05

ALL MEDICATION TO BE CONTINUED UNTIL EVALUATED BY PHYSICIAN UNLESS OTHERWISE INDICATED

Special medical equipment required: ☒ YES ☐ NO (Specify: _____)

Additional Comments:

Continue on all medication until evaluated at receiving institution

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE

Signature: <u>[Signature]</u>	Phone: <u>202-457-1357</u>	Date: <u>11-21-05</u>
ECV/PC: <u>FCI JESUP, GA</u>	Date: <u>11-21-05</u>	
OFFICIAL USE SECTION IS APPLICABLE		
<input type="checkbox"/> Air only <input type="checkbox"/> Ground only <input type="checkbox"/> Air only		

11/8/05 CEC: End-Lipid/HTN/general, HT 1/2
 1200 timer every day
 118/74 O. pt A+ 0 x3 - vision Perik Fundus
 86 not visualized well. ~~sp~~ no signs pyralled.
 16 BP wkl. O PAR 5 n/g - pt had
 stress test 2 months ago @.
 Chest stab abd exam - pt denied
 pedd aden - no found. pt taking
 metoprolol instead of indin for nigan's
 cholesterol 200/107 on 10-3-05,
 A. Hypertension
 HTN controlled
 nigrina? (H/R) not controlled.
 P issue Lovastatin 20 mg q evening medly.
 BCSA 81 mg daily x 180 days
 DC metoprol start propranol 40mg
 daily x 180d. pt to return for
 juice weekly app ✓ for 2 weeks.
 metoprol 60 mg, i tid c Fort PAR
 nigrina x 180 days.
 taught ncd, side effects + change
 cll 180 days

J. Adair

DR. RPH
 JESUP, GA

Frank Adair, MLP
 FCI Jesup, GA

Mr. G. H. M. D.
 Medical Officer
 FCI Jesup, Ga

N3N 7540-00-004-4170

800-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9.23.05 1515	chest/Lung CTAB Cardio SSR Abdomen benign Neuro CN11-X11 normal A/p Headache Educate pt to avoid anything that triggers headaches mot'n 600mg i po TID prn HA x 90day Bremer AR
9/26/05	W. Chipman Medical Officer FCI Jesup, Ga.
9/29/05	no show for sick call apt. J Adair Frank Adair, MLP FCI Jesup, GA
10-3-05 1110	Administrative Note: Update of copies from last request of 9-8-05. 7 Copies L. Oliver, HIT FCI Jesup, GA

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMA
FPMR (41 CFR) 201-45.305

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	<p>Medication: Allergies:</p> <p>() Antifungal Cream APAA/BIDx _____ days # _____ refills _____</p> <p>() Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____</p> <p>() Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches # _____ refills _____</p> <p>() Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. for fever/pain # _____ Refills _____</p> <p>() Ibuprofen 400mg ip.o. t.i.c. pm. p.c. for pain relief #21 Refill _____</p> <p>() HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____</p> <p>() Colace 100mg 1 capsule BID for constipation # _____ Refills _____</p> <p>() Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____</p> <p>() Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____</p> <p>() Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____</p> <p>() Zantac 150mg p.o. q 12 hrs x _____ days. refills _____</p> <p>() Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____</p> <p>() Antibiotics Oral/Injectables: (specify route, times, days, etc.) CHECK FOR ALLERGIES:</p> <p>① Bactrim DS + BID x 10 day Non pill line</p> <p>② Bactoban BID #1</p> <p>③ RTC PRN</p> <p style="text-align: right;"><i>Paul W. Wickard</i> Paul W. Wickard, PAC Physician Assistant FCI/FPC/FSL Jesup, Ga</p>
9-8-05	<p>Admin Note: Updated copies of</p> <p>0730 Site from 6-10-05 to present.</p> <p>11 copies <i>L. Oliver, M.T.</i> L. Oliver, M.T. FCI Jesup, GA</p>
9.23 05	<p>The pt just returned from</p> <p>1515 Savannah Memorial where he</p> <p>BP 124/74 had a stress test. He admits</p> <p>P 64 to a headache but denies</p> <p>R 15 any chest pain distress</p> <p>T 97.8 or SOB</p> <p>HEENT normocephalic</p>

NHN 7540-00-834-4170

800-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8/9/05 1237	SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other: History of Present Illness: <i>CL L nasal bleeding</i> <i>off on + 2 months OF/c</i>		
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		
	OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVEI:		
	HEENT: () N/A () Normal () Abdominal(Describe): <i>L nuchal sm sore</i>		
	Skin: () N/A () Normal () Abnormal(Describe): <i>lateral wall</i>		
	Heart: () N/A () Normal () Abnormal(Describe):		
	Lungs: () N/A () Normal () Abnormal(Describe):		
	Abdomen: () N/A () Normal () Abnormal(Describe):		
	Other:		
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <i>infect</i>		
	PLAN:		
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:		
	Patient Education:		
	() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI		
	() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance		
	() Patient Undersood and agreed		
	Consultation / Referral:		
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)			
HELLY, LESLIE 26864-039 12/17/62 FCI JESUP, GA.		RECORDS MAINTAINED AT: FCI JESUP, GEORGIA PATIENT'S NAME (Last, First, Middle Initial) SEX RELATIONSHIP TO SPONSOR STATUS RANK/GRADE SPONSOR'S NAME ORGANIZATION DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 800 (REV. 5-84)
 Prescribed by GSA and ICMA
 FRMR (41 CFR) 201-45.505

NEN 7502-20-001-1171

500-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
6.23.05	SUBJECTIVE: <u>(SICK CALL)</u> CAMP () H.S.U () S.H.U		
0930	Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:		
	History of Present Illness: / have nose bleed and head for 3 days He denies any photo sensitivity		
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) <u>(6)</u> (7) (8) (9) (10)		
	OBJECTIVE: B/P: <u>120/70</u> I(F): <u>47.3</u> P: <u>63</u> R/R: <u>18</u> Wgt: FVEL:		
	HEENT: () N/A () Normal () Abdominal(Describe):		
	Skin: () N/A () Normal () Abnormal(Describe): <u>mucopurulent nasal discharge</u>		
	Heart: () N/A () Normal () Abnormal(Describe):		
	Lungs: () N/A () Normal () Abnormal(Describe):		
	Abdomen: () N/A () Normal () Abnormal(Describe):		
	Other:		
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <u>Headache Migraine</u> <u>Sinusitis</u>		
	PLAN:		
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:		
	Patient Education:		
	() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI		
	() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance		
	() Patient Undersood and agreed		
	Consultation / Referral:		
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT: <u>PCI JESUP, GEORGIA</u> PATIENT'S NAME (Last, First, Middle initial): <u>B. Aremu, PAC</u> RELATIONSHIP TO SPONSOR: STATUS: RANK/GRADE: SPONSOR'S NAME: ORGANIZATION: DEPART./SERVICE: SSN/IDENTIFICATION NO.: DATE OF BIRTH:	

KELLY, LESLIE

26864-039

12/17/62

PCI JESUP, GA.

6-2705
0930

Medication:

Allergies:

NKJA

- () Antifungal Cream APAA BIDx _____ days # _____ refills
- () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills
- () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____ refills
- () Aspirin (81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. pm for fever/pain _____ Refills
- () Ibuprofen 400mg lp.o. t.i.c. pm p.c. for pain relief #21 Refill
- () HC Cream 1% APAA BIDx _____ days # _____ gm Refills
- () Colace 100mg 1 capsule BID for constipation # _____ Refills
- () Dulcolax take (2) or (3) tabs. qHS for constipation # _____ Refills
- () Antacid Suspension (10ml)/(15ml) p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills
- () Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills
- () Zantac 150mg p.o. q 12 hrs x _____ days. refills
- () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills
- () Antibiotics Oral/Injectables: (specify route, times, days, etc.)

CHECK FOR ALLERGIES:

Imrex i SIC given
Amox, cillin 500mg T DO TID x 7 days

B. Aremu, PAC
FCI Jesup, GA

W
Jesup, RPH

JESUP, GA

NFI 7540-00-004-4770

600-105

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/7/05 1310	<p>SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U</p> <p>Chief Complaint(s): -- itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:</p> <p>History of Present Illness: <i>R chest pain last night & deep inspiration</i></p> <p>Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)</p> <p>OBJECTIVE: B/P: <i>104/66</i> T/F: <i>99.3</i> P: <i>93</i> R/R: Wgt: FVEL:</p> <p>HEENT: () N/A () Normal () Abdominal(Describe): <i>4 minutes to 4/4/99</i></p> <p>Skin: () N/A () Normal () Abnormal(Describe):</p> <p>Heart: () N/A () Normal () Abnormal(Describe):</p> <p>Lungs: () N/A () Normal () Abnormal(Describe):</p> <p>Abdomen: () N/A () Normal () Abnormal(Describe):</p> <p>Other:</p> <p>ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <i>ALL</i></p> <p>PLAN:</p> <p>Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:</p> <p>Patient Education:</p> <p>() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI</p> <p>() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance</p> <p>() Patient Undersood and agreed</p> <p>Consultation / Referral:</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Implant)

KELLY, LESLIE

26864-039

12/17/62 / /

FCI JESUP, GA.

RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA		
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPT./SERVICE	ID/IDENTIFICATION NO.		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-44)

Medication:

Allergies:

- () Antifungal Cream APAA BID x _____ days # _____ refills
- () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills
- () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches # _____ refills
- () Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. pm for fever/pain # _____ Refills
- () Ibuprofen 400mg lp.o. t.i.c. pm p.c. for pain relief #21 Refill
- () HC Cream 1% APAA BID x _____ days # _____ gm Refills
- () Colace 100mg 1 capsule BID for constipation # _____ Refills
- () Dulcolax take (2) or (3) tabs. qHS for constipation # _____ Refills
- () Antacid Suspension(10ml)/(15ml) p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills
- () Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills
- () Zantac 150mg p.o. q 12 hrs x _____ days. refills
- () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills
- () Antibiotics Oral/Injectables: (specify route, times, days, etc.)
- CHECK FOR ALLERGIES:

Idle x 2 days
Tylenol ES # Q 8° PM

Paul W. Wickard

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

Watson, RPH
FCI/FPC/FSL Jesup, GA

6-10-05 Admin Note: Update of file from 5-4-05
1015 to present.

L. Oliver, HIT
L. Oliver, HIT
FCI Jesup, GA

U.S. DEPARTMENT OF JUSTICE - BUS

FEDERAL BUREAU OF PRISONS

Is Clearance yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Name <i>Kelly, Leslie</i>	Reg. # <i>216864-039</i>
1. PPD Completed: <i>1-27-05</i> Results: <i>0</i> mm	Departed from FCI JESUP, GA	Destination <i>Ben</i>
2. CMA Completed: <i>1/11</i> Results: <i>1/10</i>		Date 11-23-2005
3. Symptom free per SF-500 x 30 days. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Current Medical Problems 1. <i>HYPERTENSION</i> 2. <i>HYPERLIPIDEMIA</i> 3. <i>MIGRAINES</i>	

Date of Birth: *12-17-62* Drug Allergies: *NKA*

Medication	Dose	Route	Other instructions	AM	Noon	PM	Bedtime	
<i>LOVASTATIN</i>	<i>20mg</i>	<i>134</i>	<i>take one tablet at bed time</i>					<i>NO STOP</i>
<i>ECASA</i>	<i>81mg</i>	<i>134</i>	<i>take one tablet at morning</i>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>11:00 AM</i>
<i>PROPRANOLOL</i>	<i>10mg</i>	<i>134</i>	<i>take two tablets three times a day</i>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>11:00 AM</i>
<i>Hydroxyzine</i>	<i>600mg</i>	<i>134</i>	<i>take one tablet Three times a day</i>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>11:00 AM</i>
								<i>NO STOP</i>

Reviewed
12/1/05
S. Deese, RN, BSN

ALL MEDICATION TO BE CONTINUED UNTIL EVALUATED BY PHYSICIAN UNLESS OTHERWISE INDICATED

Special medical equipment required? ☒ YES ☐ NO Specify:

Additional Comments:



Continue on all medication until evaluated at receiving institution

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE

Signature: *[Signature]* Date: *11-21-05*

COMPLETE THIS SECTION IF APPLICABLE

Mode of travel Restrictions: ☐ Air ☐ Ground only ☐ Sea only

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE/TIME	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
5-9-05	CLINIC(S): () CARDIAC () DIABETIC () ENDO/LIPID () GASTRO () GENERAL () HYPERTENSION		
0855	() INFECT DISEASE () MNTL HLTH () NEUROLOGY () OB GYN () ORTH/RHEUM () PULMONARY		
PAIN SCALE: 0 No Pain 1-2 Mild 3-4 Discomfort 5-6 Moderate 7-8 Severe 9-10 Worst Pain right foot			
			
SUBJECTIVE: Doing pretty well. Aapt: -OK Int. stable voiding - ok R.M. - ok @ BTS @ R.B. exercising - walking TOB ϕ sleeping - ok continues in H.A.'s			
			
OBJECTIVE: (Review of Systems): AGE 42 SEX: Male RACE: AA Weight: 202 Temp: Pulse: 79 Resp: 16 BP: 110/66 SO2% Peak Flow: Mental Health: stable			
HEENT: Normal Last Op/Opht. Eval: 4/05 Neck: @ thyroid @ brach Eyes: PERUA Heart: RRR 3 M Lungs: clear Abdomen: soft BS+ non tender @ mass Genital/Rectal: deferred			

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name-last first, middle; ID No or SSN; Sex; Dat of Birth; Rank/Grade.) 25884-039 12/17/62 / / FCI JESUP, GA.			REGISTER NO. WARD NO.

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5-9-05

Extremities:

+3 pulse ② edema

Cont.

Recent Lab Results:

ASSESSMENT(S):

① HTW ② HA ③ ↑ lipid

① Triple antibiotic BID (nose) #1

② Motrin 600mg TID 2 meals x 180 days

③ EC ASA 81mg every day x 180 days

PLAN ④ Lovastatin 20mg everyday x 180 days

↓ ⑤ Metoprolol 25 mg BID x 180 days

PATIENT EDUCATION:

✓ Etiology, Complications, Prognosis, Prevention () Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes

() No Smoking ✓ Medication Dosage/Administration/Compliance/Side Effects ✓ Patient Understood Topics

() Instructed if problems or if running out of medication should sign up for sick-call.

DIAGNOSTIC STUDIES: ✓ CBC/DIFF () UA () BMP () CMP () LIPIDS () HgA1c () LFT () Viral Load

() CD4 () Hepatitis Panel () CXR () EKG () Others:

5 months

Consultations: () Optometrist () Ophthalmologist () Dietician () Orthopedic Surgeon () Other

Referral to IDC for Vaccination: () Influenza () Pneumococcal () Other

Return to Clinic for Routine Follow Up on: 90 days 180

Treatment(s): ALL Treatments For 90 Days. 180

L. Watson, RPH

PC-JESUP, GA

Paul W. Wickard, PAC
Physician Assistant
PC/HPC/ESL Jesup, Ga.

CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/14/65 0940	<p>SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U</p> <p>Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:</p> <p>History of Present Illness: Clo R-sided neck pain @ A/c @ right sweat</p> <p>Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)</p> <p>OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVEI:</p> <p>HEENT: () N/A () Normal () Abdominal(Describe): tenderness R side of neck</p> <p>Skin: () N/A () Normal () Abnormal(Describe):</p> <p>Heart: () N/A () Normal () Abnormal(Describe):</p> <p>Lungs: () N/A () Normal () Abnormal(Describe): 1 R ear normal</p> <p>Abdomen: () N/A () Normal () Abnormal(Describe): throat & teeth</p> <p>Other: Normal</p> <p>ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: Neck pain</p> <p>PLAN:</p> <p>Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:</p> <p>Patient Education:</p> <p>() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI</p> <p>() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance</p> <p>() Patient Undersood and agreed</p> <p>Consultation / Referral:</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

KELLY, LESLIE

26864-039

12/17/62

FCI JESUP, GA.

RECORDS MAINTAINED AT: FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)	SEX
RELATIONSHIP TO SPONSOR	STATUS
SPONSOR'S NAME	RANK/GRADE
DEPARTMENT/SERVICE	ORGANIZATION
SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 500 (REV. 5-64)
Prescribed by GSA and ICMA

Medication:

Allergies:

- () Antifungal Cream APAA BIDx _____ days # _____ refills
- () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills
- () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____ Refills
- () Aspirin (81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. pm for fever/pain _____ Refills
- () Ibuprofen 400mg 1p.o. t.i.c. pm p.c. for pain relief #21 Refill
- () HC Cream 1% APAA BIDx _____ days # _____ gm, Refills
- () Colace 100mg 1 capsule BID for constipation # _____ Refills
- () Dulcolax take (2) or (3) tabs. qHS for constipation # _____ Refills
- () Antacid Suspension (10ml)/(15ml) p.o. q 4 hrs pm for heartburn, indigestion x _____ Refills
- () Tagamet 300mg/400mg p.o. q 12 hrs x _____ days _____ Refills
- () Zantac 150mg p.o. q 12 hrs x _____ days. _____ refills
- () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills
- () Antibiotics Oral/Injectables: (specify route, times, days, etc.)

CHECK FOR ALLERGIES:

- ① Motrin 600mg TID 2 weeks # 60
- ② Amoxicillin 500mg TID x 10 days

Paul W. Wickard, PAC

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

W
M. RPH
JESUP, GA

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

- ① Doxycycline 100mg BID X 10 days
 ② GTM T 2 80 PRN
 ③ Telle X 3 days

Adm to Tetracycline out of rd
 L.A. Dextro

Paul W. Wickard, PAC

Paul W. Wickard, PAC
 Physician Assistant
 FCI/FPC/FSL Jesup, Ga.

Johnson, RCH
 JESUP, GA

3-31-05
 1015

Admin Note: Copy of Lab dated
 3-9-05 to inmate. 2 Copies. L. Oliver, HIT

L. Oliver, HIT
 FCI-Jesup, GA

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

3/1/05
1315

SUBJECTIVE: SICK CALL () CAMP () H.S.U. () S.H.U.

Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion / constipation
toothache, somatic pain, renew medication, other:

History of Present Illness:

Onset:

Handerness

ck head congestion
anterior chest wall

Duration:

OP/c

body aches, cough

Numeric Scale for Pain Assessment: ☺ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) ☹

OBJECTIVE: 3/P: T(F): 2: 2/P: Wgt: 252:

HEENT: () N/A () Normal () Abnormal(Describe):

Nose - boggy

Skin: () N/A () Normal () Abnormal(Describe):

EARS - Normal

Heart: () N/A () Normal () Abnormal(Describe):

Throat - red

Lungs: () N/A () Normal () Abnormal(Describe):

Abdomen: () N/A () Normal () Abnormal(Describe):

leg set bronchial BS

Other:

ASSESSMENT:

Dermatitis / Fungal infection (Feet) (Groin) (Skin) / Dyspepsia / Rhinitis /
Upper Respiratory Infection / Constipation / Headache / Toothache /
Other:

bronchitis

PLAN:

Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:

Patient Education:

() Etiology, Complications, Prognosis, Adverse Reactions () Diet () Use of MDI

() Stop smoking / Increase exercise () Medication Dosage/Administration/Compliance

() Patient Understood and Agreed

Consultation / Referral:

PATIENT'S IDENTIFICATION (Use this space for Mechanical)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT, SERVICE, SSN/IDENTIFICATION NO.

DATE OF BIRTH

PAIN SCALE

10
8
6
4
2
0

0 No Pain
1-2 Mild
3-4 Discomfort
5-6 Moderate
7-8 Severe
9-10 Worst Pain

right foot



left foot

DATE: 12/17/62 TIME: 10:30

SUBJECTIVE: Patient is pretty well - but not stable. Holding - OK. BM - 100%
 SOB. Excessive bike + WTS.
 Sleepy - poorly. No dizziness on or when bending over also occasional.

OBJECTIVE: (Review of Systems): AGE: 42 SEX: Male RACE: AA
 Weight: 204 Temp: Pulse: 62 Resp: BP: 120/66 SO2% Peak Flow:
 Mental Health: Stable. TPR 134/69

HEENT: Normal Last Op/Ophth. Eval: 12/02

Neck: @brut @Thyroid Eyes: PERVA

Heart: RRR 3M

Lungs: Clear

Abdomen: soft B50 nontender masses

Genital/Rectal: depressed

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
WESLEY, LESLIE			

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name-last first, middle, ID No or SSN; Sex; Date of Birth; Rank/Grade.)

12/17/62

FCI JESUP, GA.

REGISTER NO. WARD NO.

DATE: SYMPTOMS: DIAGNOSIS: TREATMENT: TREATING ORGANIZATION (Sign each entry)

Extremities

Recent Lab Results

ASSESSMENT(S):

① HTW ② Hypertension ③ Overweight ④ DM

① Metoprolol 50mg BID x 90 day

② Lovastatin 20mg Every day x 90 day

③ EC ASA 81mg Wklyday x 90 day

PLAN ④ Motrin 600mg TID & meals x 90 day

PATIENT EDUCATION:

☒ Etiology, Complications, Prognosis, Prevention ☒ Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes

☒ No Smoking ☒ Medication Dosage/Administration/Compliance/Side Effects ☒ Patient Understood Topics

☒ Instructed if problems or if running out of medication should sign up for sick-call.

DIAGNOSTIC STUDIES: ☒ CBC/DIFF () UA () BMP ☒ CMP ☒ SLIPIDS () HgA1c ☒ LFT () Viral Load

() CD4 () Hepatitis Panel () CXR () EKG () Others:

1 month Party

Consultations: () Optometrist () Ophthalmologist () Dietician () Orthopedic Surgeon () Other

Referral to IDC for Vaccination: () Influenza () Pneumococcal () Other

Return to Clinic for Routine Follow Up on: 90 days

Treatment(s): ALL Treatments For 90 Days.

Wickard, RPA
JESUP, GA

Paul W. Wickard, PAC
Physician Assistant
FCU/FPC/FSL Jesup, Ga.

DATE	Symptoms/Diagnosis/History/Physical Examination/Other Notes
11-18-64	CHRONIC CARE CLINIC
11-02	Doing pretty good. Appx. stable wt. stable. Vals - up a bit at night. BM - OK. @ B12 @ R12
p-71	SOB occurs at night wake you up @ CP
120/59	01 HEART - Normal Neck @bruit @thyroid Lung - clear Heart RRR 3M Abd - soft BSB non tender Ext @edema @3 pulses
	A) HTN
	1) Lopressor 50mg BID x 90 day
	2) Motrin 600mg TID x 90 day
	3) RTC 90 days
	4) Lab recheck cholesterol -
	<i>[Signature]</i> <i>[Signature]</i> M. Chipl, MD Medical Officer FCI Jesup, Ga.

PATIENT IDENTIFICATION (Use this space for Mechanical Imprint)

26864-039

12/17/62 / /

FCI JESUP, GA.

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

12-1-04	Admin Note Computer system will 1030 To include [illegible]
	[illegible] [illegible] [illegible]

L'Espresso 63
 Medical Office
 11. Club win

STANDARD FORM 600 BACK (REV. 5-64)

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	ATTENDING PHYSICIAN	LOCATION (SIC/IC/AMB/)
11/18/04 0645	SUBJECTIVE: Sick call / Camp	Chief Complaint(s): Itching / rash / headache / dyspepsia / nasal congestion / constipation / toothache / somatic pain / renal / medication / other /	History of Present Illness: No head congestion past nasal drip worst at night states CTN not working	Numeric Scale for Pain Assessment: ☺ (1) (2) (3) (4) (5) (6) (7) (9) (10) ☹	OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVEI:
	HEENT: () N/A () Normal () Abnormal (Describe):	Skin: () N/A () Normal () Abnormal (Describe):	Heart: () N/A () Normal () Abnormal (Describe):	Lungs: () N/A () Normal () Abnormal (Describe):	Abdomen: () N/A () Normal () Abnormal (Describe):
	Other:	ASSESSMENT: Dermatitis / Fungal Infection (Feet) (Groin) (Skin) / Dyspepsia / Rhinitis / Upper Respiratory Infection / Constipation / Headache / Toothache / Other:	PLAN: Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:	Patient Education: <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Adverse Reactions () Diet () Use of MDI () Stop smoking / Increase exercise <input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance <input checked="" type="checkbox"/> Patient Understood and Agreed	Consultation / Referral:

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)

KELLY, LESLIE

26864-039

12/17/62

FCI JESUP, GA.

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

11/15/04

0645

(ont)

Medication:

- () Amrinone Dose: APAA BID
- () Min of medicine 15 ml / 30 ml p.o. BID for constipation. # _____ Refill: _____
- () Tylenol 325 mg. (1) / (2) tablets QID prn for fever / pain relief / headaches. # _____ Refill: _____
- () Aspirin (81 mg) / (325 mg) TT PO QD / QID / (1) or (2) tabs q 4-6 hrs. prn fever / pain. # _____ Refill: _____
- () Ibuprofen 400 mg 1p.o. TID. prn p.c. for pain relief. #21 Refill: _____
- () HC Cream 1% APAA BID x _____ days # _____ gm Refill: _____
- () Colace 100 mg 1 capsule BID for constipation. # _____ Refill: _____
- () Dulcolax Take (2) or (3) tabs. q HS for constipation # _____ Refill: _____
- () Antacid Suspension (10 ml) / (15 ml) p.o. q 4 hrs prn for heartburn, indigestion X _____ days # _____ Refill: _____
- () Tagamet 300 mg / 400 mg p.o. q 12 hrs X _____ days. Refills: _____
- () Zantac 150 mg p.o. q 12 hrs X _____ days. Refill: _____
- () Antibiotic Ointment APAA BID / TID / QID X _____ days. # _____ gm. Refill: _____
- () Antibiotics Oral/ Injectables: (Specify route, times, days, etc.) Check for allergies

52 (1) Nasal saline BID #1

(2) Nasorel II spray BID #1

(3) RTC if symptoms persist / worsen

Prescription filled

Date 11/15/04

Time 11:52

Brian Northrup

Nasorel contraband not for

Paul W. Wickard, PAC

Physician Assistant

FCU/FPC/FSL Jernup, Ga.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS/DIAGNOSIS/TREATMENT	INITIALS/REMARKS
08/11/04 0830	Adm Note	Paul W. Wickard, PAC Physician Assistant FCI/FPC/FSL Jesup, Ga.
10/12/04 0700	<p>s) infected ingrown nail R great toe</p> <p>o) infected R great toe</p> <p>A) ingrown toenail</p> <p>PD Kiflex 500mg IT BID x 10 days</p> <p>② Motrin 600mg TID = reals #30</p> <p>③ RTC 10/15 12:30p partial removal of nail</p> <p>④ Pt education given</p>	<p>Brian S. North Pharm. D., RPH FCI Jesup, GA</p> <p>Paul W. Wickard, PAC Physician Assistant FCI/FPC/FSL Jesup, Ga.</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
KELLY, LESLIE			

25854-039

12/17/62

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

8-24-04 Admin note: Inmate call to center today by Dr. Hen. Rec repair right finger.
 G. Noland, AHT
 G. Noland, AHT
 FCI Jesup, GA

8-30-04 Admin Note: Copy of Lab dtd 8-17-04 to inmate.
 L. Oliver, AHT

8/30/04 Lab 8/17/04 Cholesterol 317 SGPT 90
 0716 SGOT-29 Need education diet + exercise. Full Lipid panel Paul W. Wickard, MD
 WICKARD

9-10-04 S. Visit scheduled for EKG - Inmate denies any chest pain at present.
 0951 O. VSS - Cooperative - No acute distress.
 BP 114/72 A: Stable
 HR 66 P: EKG performed and placed in medical record
 G. Noland, AHT
 G. Noland, AHT
 FCI Jesup, GA

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Kelly, Leslie
26864-039
12-17-62

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

DATE	Symptoms	Diagnosis	Treatment	Treating Organization	Clinical Entry
9/13/04	Sick all day 0650 RT	Nasal congestion Normal	Normal		
10/13/04	Throat red & exudates Lungs clear Heart RRR SM				
11/13/04	RT Nasal congestion B/D #1 Nasorel H. Sporen B/D #1 RT y symptoms present/worse At education given				
				Pamela Wickoff	

7. 11-03

Watson, R.H.
Atlanta, GA

9/30/04 sick call - continues with headaches
7230 frontal area No visual, A ⊖ NW ⊖ balance
T. 97° problems ⊖ neck pain Come & go
P. 74 on & off
BP. 120/64

01) PERRLA
A) HA

1) ① Stop Lopressor
② Verapamil 60mg BID 7A + 7p
③ Motrin 600mg TID = meals # 60
④ RTC if symptoms persist/worsen

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga. *Paul W. Wickard*

9 weeks ago in leg
 it still has the
 wound & wound around
 a/ (R) heel. in dept
 (S) percent Herson at
 17p.

At (S) N/O Fp at 12
 dist (S) Hk

1/18/06 Lorna bag 710 ml
 5 Red 1200 ml

(S) 100% in dept (S) Hk

(S) 100% in dept (S) Hk

(Signature)

Brian S. North
 Pharm. D., RPh
 FCI Jesup, GA

(Signature)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Kelly
 26864-039

RECORDS
 MAINTAINED
 AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/13/4 1130	CHRONIC CASE D. 46 4/10 black pulse pt 5 Ht 5'7" weight 175 p-blocker. Quinidine ER 4 Sp ⊖, DT ⊖. Ht state going well now. bgs when by came in this morning. He had a headache when he came headache it is 8/10 comes and goes: no bloating/double vis D. Alert oriented +3 Heart: PTA ⊕ PTA ⊕ Lungs: RA no ⊕ Chest: Clear ⊕ Eyes: no eye exam in ED Neuro: CN II-III intact. Combing ⊕ Labs N/A Hx ⊕ Headache No diagnosis No chest headache No tension headache. Gx ⊕ Foreign or less common and Fx ① Self: Meprobamate 50 mg QID PRN ② Chewing, CPR Thorax. ③ Ptz 40 days ~46 BIS 5-13-4 FMR L. Morgan Per Jones

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
07-16-2004 0800	Administrative Note: Received at FCI/FPC Jesup, GA Intake Screening Completed (BP-354) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever received Tetanus Immunization? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If so, date of last tetanus shot _____ (if > 7 years, update and document on immunization sheet) <i>Don't remember</i>
	Any exposure to or history of infectious diseases? TB: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> HIV: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> VD: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Hepatitis: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Explain, if YES _____ Smoker: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Inmate examined for lice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Any found? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If YES, do SOAP note on reverse) Inmate examined for skin infections: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Any Found? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If YES, do SOAP note on reverse) History of recent Alcohol/Drug use? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes explain: Any history of suicide attempts? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Any feeling that you will harm yourself now? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, was referral made to psychology? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Present Medical Complaints: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Specify if YES: <i>n/a, (R) 5th digit broken</i>
	Medication Allergies? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Specify YES: _____
	Physician Referral made, if indicated? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Sick call and pill line procedures explained: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Current Medications? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, Specify medications issued and/or prescribed: <i>Metoprolol 50mg ÷ tablet every 800am + 800pm</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>
	<i>[Signature]</i> Brad Tucker, RN FCI/FPC Jesup GA

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

FEDERAL PRISONER ALIEN IN TRANSIT CDFRM

FEDERAL BUREAU OF PRISON

TB Clearance Yes ☒ No ☐
 1. PPD Completed: 1-8-04
 Date _____
 Results: 080 mm
 2. CXR Completed: 5/24/04
 Date _____
 Results: WNL
 3. Health Authority
 Clearance: OK
2 car 5/19/04
 Sign _____ Date _____
 Note:
 Dates listed above must be within
 one year of this transfer.

Name <i>Kelly Leslie</i>	Prisoner/Alien Reg.# <i>260864-035</i>	D.O.B. <i>11/1/62</i>
Departed From <i>McLean</i>	Date Departed <i>5-21-04</i>	
Destination <i>Jes</i>	Reason for Transfer <i>Non Medical</i>	
Dist. Name	Dist.#	Date in Custody ___/___/___

Current 1. Chronic HA 4. _____
Medical 2. _____ 5. _____
Problems 3. _____ 6. _____

[illegible]

Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority D. Olson, MD Clinical Director		Phone Number Date Signed 5/19/04

USP Lewisburg

Inmate Received, this date 5-21-04

Medical History Reviewed Yes ☒ No

Evidence of lice Yes ☒ No

Suicidal Thoughts Yes ☒ No

Recent Assault, Trauma or Abuse Yes ☒ No

Signs and Symptoms of Infect Dse Yes ☒ No

Allergies to Medications Yes ☒ No

Medications Yes ☒ No

Li Porter EMT-P

et med's ISSUED

O.K. FOR TRANSFER
USP LEWISBURG
MEDICATIONS YES ☒ NO

Li Porter EMT-P

CXR ORDER DATE: MAY 24 2004

FOLLOW UP PPD, IF INDICATED
AT FINAL DESTINATION.

SIGNATURE AND STAMP

MEDICATION TIMES:
once daily - 8:00 a.m.
2 x daily - 8:00 a.m. & 8:00 p.m.
3 x daily - 8:00 a.m., 12:00 p.m. & 8:00 p.m.
4 x daily - 8:00 a.m., 12:00 p.m., 4:00 p.m. & 8:00 p.m.
Cleared Pharmacy for Transfer
FTC, Oklahoma City, OK

JUN 28 2004

6/29/04 1930

Arrived at FDC Tallahassee
No medical complaints at this time

C. Mitchell, Paramedic
FCI / FDC, Tallahassee

7/15/04 1722

OK FOR TRANSFER

*Cantine med
as rx*

7/16/04 0800

Arrived FCI/FPC Jesup, Ga.

Brad Tucker, RN
FCI/FPC Jesup GA

G. Martel
Paramedic/EMT
FCI/FDC Tallahassee

NCH 7546-88-234-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
5/27/04 0840 5F	- slammed R little finger 2 wks ago - W to, it X-Rayed. O - Small lump on post. aspect of the R 5th Digit Distal aspect - A - R40 7x P - Odele X-Ray -	 E. BARBY, PA FIC OKLA. CITY, OK
6/1/04 1244 5F	Metic protocol	 Janice Parker, ARNP Contract Mid-level Practitioner Federal Transfer Center, OKC, OK
6/3/04 5F 8:45	S = I want to know X ray result. Hx of R Hand injury 3 wks ago. O = X ray R hand three view on 5/27/04 Small avulsed fracture extending from base of distal phalanx of 5th digit - Slight separation of fracture fragment A = fracture of 5th digit of R Hand P = Refer to Dr. Wiles for further	
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Kelly, Leslie
26864-039Federal Transfer Center
OKC OK

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
6/3/04 SF - 08:48	evaluation & treatment	<i>[Signature]</i> Aleem Khan, PA Federal Transfer Center, OKC, OK
6/4/04 1135 SF	Snoutain/OTC	<i>[Signature]</i> E. BARBY, PA FTC OKLA CITY, OK
		<i>[Signature]</i>
		JUN 04 2004
6/10/04 0815 SF	NO SHOW FOR SICK CALL	E. Barby, PA FTC Oklahoma City <i>[Signature]</i>
6/11/04 0815 SF	NO SHOW FOR SICK CALL	E. Barby, PA FTC Oklahoma City <i>[Signature]</i>
6/17/04 0930 SF	NO SHOW FOR SICK CALL	E. Barby, PA FTC Oklahoma City <i>[Signature]</i>
6/21/04 0850 SF	NO SHOW FOR SICK CALL	E. Barby, PA FTC Oklahoma City <i>[Signature]</i>
6/25/04 SF 6 9:06	CTM per OTC protocol	<i>[Signature]</i> Aleem Khan, PA Federal Transfer Center, OKC, OK